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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9 **AT SEATTLE**

10 STATE OF WASHINGTON, et al.,

11 v.
12 Plaintiffs,

13 DONALD J. TRUMP, in his official
14 capacity as President of the United States of
15 America, et al.,

16 Defendants.

17 NO.

18 DECLARATION OF PROVIDER B.M.

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20 ATTORNEY GENERAL OF WASHINGTON
21 Complex Litigation Division
22 800 Fifth Avenue, Suite 2000
23 Seattle, WA 98104
24 (206) 464-7744

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1 I, B.M., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I am a licensed mental health counselor. My educational experience includes a
5 Bachelor of Arts in psychology and women's studies, and a Master's of Education in community
6 counseling. I have certifications from the National Board for Certified Counselors (NBCC) and
7 American Association of Sexuality Educators, Counselors and Therapists (AASECT).

8 3. I am choosing to use my initials rather than my full name in this declaration out
9 of fear for the safety of myself, my family, my clients, and my business.

10 4. I own and operate a counseling practice in Seattle, Washington, providing sex
11 and trauma therapy and gender identity counseling services to youths and adults. I have also
12 worked in schools, youth shelters, community mental health agencies, domestic violence
13 organizations, and at camps for LGBTQ+ youth. I have performed this work for 15 years and
14 provided services to hundreds of transgender youth and adults. The youth are typically aged 12
15 to 18 and for the most part are high school students.

16 5. Clients seek my services for a variety of reasons. My practice focuses on the
17 LGBTQ+ population; some clients contact me because they are LGBTQ+ and seek traditional
18 counseling services from a provider who is welcoming and affirming of their identity. In other
19 cases, clients who are transgender contact me because they want to begin the methodical process
20 of gender transitioning.

21 6. My services to many transgender and gender-diverse clients fall under the
22 umbrella of gender-affirming care. In my case, this means providing counseling on issues related
23 to social gender transitioning, understanding the process, and the risks and benefits, of medical
24 transitioning, and connecting clients with appropriate medical care including hormone therapy
25 and gender-affirming surgical care. As a sex therapist, I also provide counseling to help with
26 sexual dysfunction, including for transgender and gender-diverse clients who transition.

1 7. My services for youth clients seeking a medical gender transition include
 2 extensive individual counseling with the client, and also working with parents. Parent sessions
 3 involve an exploration of the details, benefits, and risks of medical transitioning—parents often
 4 have long lists of questions, and we explore those questions exhaustively. The client's interest
 5 in a potential transition drives the conversation; my role is to listen and provide accurate
 6 information. Similarly, while parents and medical providers have great influence over the
 7 direction and pace of a young person's transition, in my experience they do not spur or coerce a
 8 young person into seeking to medically transition. The decision to transition comes from the
 9 client.

10 8. I have sometimes heard it represented that medical transition care is handed out
 11 to patients hastily and without thought. In my experience this never occurs. Reversible puberty
 12 blockers are sometimes prescribed early in the transition process, because the efficacy of that
 13 treatment depends on its timeliness. In contrast, it normally takes patients at least six months to
 14 a year to secure cross-sex hormone replacement therapy.

15 9. I have worked with hundreds of transgender people and have written over seventy
 16 letters attesting to a diagnosis of gender dysphoria under the criteria specified in the Diagnostic
 17 and Statistical Manual of Mental Disorders (DSM-5). Gender dysphoria is a condition involving
 18 a persistent mismatch between an individual's experience of their gender identity and their
 19 physical gender presentation. The condition often affects multiple levels of a patient's life and
 20 functioning, indicating the appropriateness of a medical gender transition for that patient. Nearly
 21 all of the attestation letters I have written to facilitate surgical transition have been for adults. In
 22 approximately two instances, I have written letters facilitating surgical transitioning for minors.
 23 In those instances, the client sought top (chest) surgery.

24 10. Before beginning gender-affirming care, an individual experiencing gender
 25 dysphoria benefits from occupying a relatively safe and stable place. However, this depends on
 26 having a solid base of social and family support, something that is often lacking, particularly for

1 youth with unsupportive parents, unsupportive schools or communities, or who come from
 2 families with domestic violence. Commonly, in these cases gender dysphoria is accompanied by
 3 anxiety, a general melancholy, suicidal ideation, and a disassociation from their sense of self
 4 where a person has trouble forming relationships with others and knowing themselves because
 5 of conflict in the person's gender identity. Though it may be challenging to work around what a
 6 client is feeling because a lack of community or family support, in my experience transgender
 7 and gender-diverse youth are not difficult people. Instead, it is the people and cultural factors
 8 around them that are difficult.

9 11. Suicide is a real risk for patients with untreated gender dysphoria. The risk is
 10 especially acute for very vulnerable transgender people, for example in the shelter population.
 11 Over the years that I have served the LGBTQ+ population, I am aware of two transgender youth
 12 that I worked with in camps and shelters who died later by suicide after not receiving adequate
 13 social support and proper mental health care after.

14 12. Due to the nature of my practice, I have a counseling relationship with many
 15 clients that spans several years. Through my work in LGBTQ+ camps and schools, I have seen
 16 transgender young people grow up into transgender adults, maintaining their transgender
 17 identities and truly thriving as their authentic selves. Based on experience I can say that gender-
 18 affirming care is a life-giving treatment. I see its benefits to my clients every day.

19 13. Gender-affirming care, including medical transitioning, effectively addresses
 20 anxiety and depression in transgender people, reduces suicidal ideation, improves decision-
 21 making abilities, helps patients feel excitement for life, helps them in forming relationships and
 22 performing in school and work. Receiving gender-affirming care helps transgender and gender-
 23 diverse individuals plug into life. In my clients who have received gender-affirming care, I note
 24 a profound sense of relief. One transgender client who obtained top surgery told me that though
 25 he anticipated a positive outcome, "I didn't realize how strong gender euphoria would be. It's
 26

1 incredible. It's wild that some people feel like this without surgery." This is the sort of outcome
 2 I hope for for my clients—gender euphoria.

3 14. In 15 years of helping hundreds of transgender youth, I have encountered only
 4 one client who medically transitioned and then sought to de-transition. Clients who medically
 5 transition almost never report regretting their decision. And when de-transitioning occurs,
 6 research has shown that the primary cause is social pressure external to the individual, not
 7 personal conflict over the individual's gender identity or their decision to transition. Turban,
 8 Loo, et al., *Factors Leading to "Detransition" Among Transgender and Gender Diverse People*
 9 *in the United States: A Mixed-Methods Analysis*, LGBT Health, 2021; Pazos, Gómez, et al.,
 10 *Transsexuality: Transitions, detransitions, and regrets in Spain*, Endocrinol Diabetes Nutr.
 11 (Engl. Ed.); 2020; James, Herman, et al., *The Report of the 2015 U.S. Transgender Survey*.
 12 *Washington, DC: National Center for Transgender Equality*, 2016.

13 15. I understand that the President of the United States has issued an Executive Order
 14 impacting the provision of gender-affirming care. The federal government's policy will have a
 15 variety of impacts on my work, including by increasing the social pressure described above,
 16 harming my clients.

17 16. In fact, the Executive Order has already caused nearly half of my adult
 18 transgender clients to halt or slow their plans to medically or socially transition. One client
 19 planning transition surgery, who greatly *desires* the surgery, has halted their plans. Another
 20 client was in the process of legally changing their name but has stopped. Another client has
 21 decided that, due to the Executive Order, they no longer feel safe being out as a transgender
 22 person at work. Another client is seriously considering leaving the U.S. and moving to Canada
 23 out of fear for herself and her children.

24 17. The Executive Order has spurred a list of additional harmful consequences.
 25 Clients of mine have to navigate tremendous uncertainty as they plan their lives. A great many
 26 express concern about the state of gender-affirming care in a climate where state and federal

programs are in conflict. Transgender clients of mine who are parents have expressed worry about the interplay between the federal government's toxic anti-trans rhetoric and its concurrent plans to undo diversity, equity, and inclusion efforts in the federal government and across the country. Does the Executive Order place not only those transgender adults at risk, but their entire families as well?

18. If I am prevented from providing gender-affirming care in my practice, the harm to my clients will be severe. The situation would create an ethical conflict for me, similar to a psychiatrist suddenly and without cause directing a patient with anxiety to discontinue a medication that manages the patient's condition and improves their life. If I withdraw gender-affirming care, in a very real and serious way I will no longer be treating my clients.

19. I believe the President's ultimate goal in issuing the Executive Order is not to protect children or women, but to attack vulnerable people as a means of undermining the bodily autonomy and the legal rights of all Americans. However, in the face of a bully we have to be brave. We must fight for each other, and aid each other in obtaining the care we need to lead healthy lives. It is the only way transgender, gender-diverse, and other LGBTQ+ people have ever survived in the face of those who seek to oppress us.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 4th day of February 2025 at Seattle, Washington.

B.M.
B.M.
Mental Health Counselor